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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/870,288	05/29/2001	David K. Swanson	15916-069X	8100
21836 7590 07/11/2007 HENRICKS SLAVIN AND HOLMES LLP SUITE 200 840 APOLLO STREET EL SEGUNDO, CA 90245			EXAMINER	
			PEFFLEY, MICHAEL F	
			ART UNIT	PAPER NUMBER
			3739	
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

## Application No. Applicant(s) 09/870,288 SWANSON ET AL. Interview Summary Examiner **Art Unit** Michael Peffley 3739 All participants (applicant, applicant's representative, PTO personnel): (1) Michael Peffley. (4)\_\_ (2) Craig Slavin. Date of Interview: 25 June 2007. Type: a) ☐ Telephonic b) ☐ Video Conference c) Personal [copy given to: 1) applicant 2) applicant's representative Exhibit shown or demonstration conducted: d) Yes e) No. If Yes, brief description: . Claim(s) discussed: N/A. Identification of prior art discussed: N/A. Agreement with respect to the claims f(X) was reached. g(X) was not reached. g(X) N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: The examiner informed Mr. Slavin that a Terminal Disclaimer would be required with respect to the parent application, now US Patent No. 6,241,754. Mr. Slavin agreed to submit a Terminal Disclaimer. (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required